

2/22/05

## TRANSMITTAL FORM

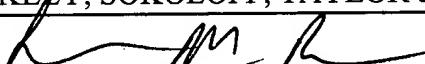
(to be used for all correspondence after initial filing)

		Application No.	09/751,781
		Filing Date	December 30, 2000
		First Named Inventor	Itzik Artzi
		Art Unit	2122
		Examiner Name	Das, Chameli
Total Number of Pages in This Submission	30	Attorney Docket Number	<b>6599P008X</b>

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)   <input type="checkbox"/> Extension of Time Request   <input type="checkbox"/> Express Abandonment Request   <input checked="" type="checkbox"/> Information Disclosure Statement  <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> PTO/SB/08   <input type="checkbox"/> Certified Copy of Priority Document(s)   <input type="checkbox"/> Response to Missing Parts/Incomplete Application           <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA   <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53           </div> </div> </div>	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;">           11 cited references         </div>	
				<input type="checkbox"/>

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jordan M. Becker, Reg. No. 39,602  BLAKEY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 13, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Julie Arango
Signature	
Date	May 13, 2005

Based on PTO/SB/21 (04-04) as modified by Blakey, Sokoloff, Taylor & Zafman (wfr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**EE TRANSMITTAL  
for FY 2005**

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 310.00)

Complete if Known	
Application Number	09/751,781
Filing Date	December 30, 2000
First Named Inventor	Itzik Artzi
Examiner Name	Das, Chameli
Art Unit	2122
Attorney Docket No.	6599P008X

**METHOD OF PAYMENT** (*check all that apply*)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)       Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## **1. EXTRA CLAIM FEES**

I. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	41	- 48*	= 0	X 50.00 = \$0.00
Independent Claims	5	- 6*	= 0	X 200.00 = \$0.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

*\*\*or number previously paid, if greater. For Reissues, see below.*

## **2. ADDITIONAL FEES**

Large Entity		Small Entity		<b>Fee Description</b>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CF
1810	790	2810	395	For each additional invention to be examined
Other fee (specify)		Terminal Disclaimer fee _____		

Fee Paid

**Other fee (specify)**

Terminal Disclaimer

**SUBTOTAL (2)**

(3)

310.00

**SUBMITTED BY**

**Complete (if applicable)**

Name (Print/Type)	Jordan M. Becker	Registration No. (Attorney/Agent)	39,602	Telephone	(408) 720-8300
Signature				Date	05/13/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
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